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PROGRAMS AND SERVICES

TO PROMOTE OPPORTUNITIES FOR

# ELDER INDEPENDENCE



*Health*



*Independence*



*Advocacy*

## 1985 ANNUAL REPORT

MASSACHUSETTS

EXECUTIVE OFFICE OF ELDER AFFAIRS

MICHAEL S. DUKAKIS,  
GOVERNOR

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## Opportunities For Independence . . . .



Dear Friends:

The 50th Anniversary of Social Security and the 20th anniversary of the passage of Medicare provides an appropriate moment to assess the progress we have made to assist our older citizens to lead safe, secure and independent lives. Indeed, much progress has been made. The Commonwealth can be proud of its record of meeting the needs of seniors. In every area, housing, health care, transportation, nutrition and particularly, home care, Massachusetts has led the nation in its services to seniors.

As much progress as we have made, each year we realize how the needs of elders are changing. The families and victims of Alzheimer's Disease need both support and services to maintain their family ties. Some elders need a way to continue their contributions to others through community activities. Many elders seek advice about health insurance while others need help dealing with stresses and strains that lead to abuse and neglect.

We will continue to improve services that enable frail elders to live as independently as

**Michael S. Dukakis,**  
**Governor**

possible, yet the vast majority of seniors in Massachusetts are healthy, active citizens for whom the Executive Office supports a network of Councils on Aging, Senior Centers, nutrition programs, exercise programs and other services. We take our mandate to serve all Massachusetts seniors very seriously.

Massachusetts citizens benefit each year from the support and commitment our legislature makes to fund the services described in this report. While we await national changes to provide better medicare coverage for in-home services and an end to annual uncertainty over social security benefits and the cost of health care, we will proceed with state efforts to fulfill our statutory mandate to assist elders "to the greatest extent possible in maintaining their dignity and self-esteem, their personal independence and their role as full participants in the life of the community around them."

We have made great strides in the past year and we anticipate working just as hard in the year ahead.

Sincerely,

**Richard H. Rowland, Ph.D.**  
**Secretary**





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## **EXECUTIVE OFFICE OF ELDER AFFAIRS**

***"The principal agency in the Commonwealth to mobilize the human, physical and financial resources . . . to insure the dignity and independence of elderly persons . . ."***



Governor signs proclamation designating May as Older Americans Month.

***" . . . to assist them to the greatest extent possible in maintaining their dignity and self-esteem, their personal independence and their role as full participants in the life of the community around them."***

***" . . . to provide direct care to individuals in a timely and compassionate manner . . ."***

***" . . . to improve the general quality of life of the state's elderly residents . . ."***



Cutting the cake celebrating the 50th anniversary of the passage of Social Security as Mayor Flynn, Congressman Moakley, Secretary Rowland, and Governor Dukakis look on.

## Summary

The Executive Office of Elder Affairs is the primary agency in the Commonwealth for meeting the diverse needs of the state's senior citizens. One of the first cabinet level agencies for elders in the nation, the Office receives state and federal funds. Through its many program, the Office reaches over 400,000 of the state's one million people over 60 years old.

In Fiscal Year 1985, the Office administered \$121 million, \$98.6 in state funds and \$22 million in federal funds. The state funded home care program at \$90.0 million, by far the largest program, promotes independence for elders with chronic conditions or elders who are recovering from acute illnesses.

More effective service coordination, serving elders with the greatest functional im-

pairments and providing respite support to families with relatives suffering from Alzheimer's Disease received special attention in the past year.

The Executive Office also serves the state's active elders. With a network of Councils on Aging, locally based agencies affiliated with local cities and towns, Senior Centers, advocacy, health promotion, exercise and fitness, nutrition, housing and employment programs, the Office takes seriously its mandate to serve all the state's senior citizens.

State funding for services has grown 11.3% over the previous year and 21.6% in two years. The budget summary presents the funding for each program in FY '85 and the programs themselves are described on the following pages of the report.

### STATE FUNDED PROGRAMS

| Account                       | FY '85<br>Expenditures | Projected'86<br>Expenditures |
|-------------------------------|------------------------|------------------------------|
| Home Care Services            | \$ 90.0 million        | \$109.0 million              |
| Elder Lunch Program           | 2.2                    | 2.3                          |
| Councils on Aging             | 2.0                    | 2.3                          |
| Congregate Housing            | 0.3                    | 0.3                          |
| Demonstration<br>Programs     | 0.6                    | 0.6                          |
| Volunteer and<br>Employment   | 0.9                    | 1.0                          |
| Administration                | 1.9                    | 2.2                          |
| Title III State<br>Supplement | .7                     | —                            |
| Totals                        | \$ 98.6 million        | \$117.7 million              |

### FEDERALLY FUNDED PROGRAMS

|  |                 |                 |
|--|-----------------|-----------------|
| Title III Social Services                | 7.5             | 7.5             |
| Title III Nutrition                      | 8.2             | 8.2             |
| USDA Nutrition                           | 3.0             | 3.0             |
| Ombudsman                                | .2              | .2              |
| Title V Senior Aides                     | 1.5             | 1.5             |
| Title III Administration<br>and Training | .9              | .9              |
| Other                                    | 0.5             | 0.1             |
| Total Federal Funds                      | \$ 21.8 million | \$ 21.4 million |
| Total State and Federal<br>Funds         | \$120.4 million | \$139.1 million |



## LONG TERM CARE SYSTEM IN MASSACHUSETTS

Our state has a well developed array of institutional and community based services and the resources to fashion one of the most effective long term care systems in the country. In 1984 over \$1.1 billion was spent on institutional and community long term care. Despite the well known gaps in coverage, funding and lack of federal commitment to meet the needs of frail elders, these rising expenditures provide an ample base to devise a well-coordinated continuum of care that promotes independence and access to needed services.

### Coverage

Our state funded home care program covers 67% of all elders over 65 who live alone and 26% of those live with a spouse. Over 340,000 elders have incomes below the eligibility levels established for the program. We actually serve an average of 44,000 elders a month or 12% of those who have incomes below the eligibility limits.

When congregate housing, adult foster care, home health and day health services are included, Massachusetts has created state funding for a community support system that offers citizens a viable alternative to placement in a nursing home. The supply of nursing home beds, 60.9 beds per thousand elders, is well above the national average of 49.7 beds per thousand. In 1980, 6.7% of the Massachusetts elders over 65 were in nursing homes compared to 5.25% nationally.

Together, our institutional and community based programs serve over 100,000 elders. Yet the two systems can be improved. Better linkages between the institutional and community networks can be built. Closer

coordination of community agencies—home care corporations, hospitals, home health agencies and health maintenance organizations—can improve our responsiveness to clients and offer more seniors an option to placement in a nursing home. We can also ensure that with an effective allocation of resources, nursing home beds will be available to people when they are needed.

### DRG Challenge

Despite the generous investment of resources, our systems face a growing challenge to meet the increasing service needs of elders who will be discharged from hospitals with greater service needs than ever before. Medicare's prospective payment system (DRGs) requires a redirection of some resources to meet short term, more intensive service demands than in the past. It also requires more extensive cooperation between hospitals, nursing homes, home care corporations and home health agencies to ensure that services are available when the elderly person is ready to leave the hospital.

Massachusetts citizens are fortunate that, during times of financial crisis in our health care system, our long history of support for the needs of seniors has established a system that can respond to today's challenges. During the past year, eight pilot programs were funded to integrate services for elders who would otherwise be eligible for placement in nursing homes. The Executive Offices of Elder Affairs and Human Services led a Long Term Care Work Group which made recommendations to improve organization and delivery of community based services. Many of those recommendations are now being implemented and



the Work Group will continue to review the ties between community and institutional long term care systems.

Home Care Corporations are establishing closer ties with hospital social service, discharge planning and emergency room staff to help elders return home more quickly and more safely and to divert un-

necessary admissions to hospitals when home care services are needed to resolve a family crisis.

These innovations will continue as we respond to the ever-changing needs of seniors to promote maximum independence and quality of life.

## PROMOTING ELDER INDEPENDENCE - THE HOME CARE PROGRAM

The Executive Office of Elder Affairs was established in 1974 as one of the first cabinet level agencies serving senior citizens. While our mandate is broad, the majority of our state resources are devoted to helping frail elders live independently. Our community care network operates in 27 service areas. EOEA contracts with non-profit home care corporations in each area. The home care corporation staff determine eligibility for services, authorize and monitor services. Actual services are delivered through subcontracts between the 27 home care corporations and local provider agencies.

### Services

We fund a broad range of services that include case management, homemaker/

personal care, home delivered meals, transportation, respite care, adult social day care, chore services, companion, laundry services and emergency shelter services.

Personal care, which was introduced this year, is a vital service to maintain elder independence. It provides frail elders with assistance with the primary activities of daily living—personal hygiene, dressing, eating, getting to the bathroom—that are critical to helping elders avoid placement in a nursing home.

### Case Management

The core service of our home care program is case management. It is the primary gatekeeper, the service that determines what other services are needed, how they will complement care provided by family and friends, how multiple agencies serving the same client will coordinate their activities, and most importantly, it is the service the client can seek out to share problems, ask questions and discuss changing needs.

The case management system in Massachusetts is changing to keep ahead of changing circumstances in the health care environment. Case managers are working more closely with doctors, hospital discharge planners and social service departments, home health agencies, and nursing homes to improve access to multiple services, and to ensure a smooth tran-



Personal care is an essential service that allows many elders to maintain their independence at home.





Joseph Connolly, case manager at West Suburban Elder Services, reviews the service plan with Murial Daily. Case managers complete assessments of the client's circumstances, authorize services and arrange for health and services offered by community agencies.

sition along the continuum of care.

In 1985 the program served an average of 44,000 elders a month at a cost of \$90.0 million.

### Respite Care

Respite services have been added this year to offer support to families who care for their frail older relatives. This service should prove particularly helpful to families caring for Alzheimer's victims who often require constant supervision. This service helps elders that need daily care from family members. Families pay a portion of the cost of service depending on their income. Families may receive services worth \$3,500 a year.

#### HOME CARE PROGRAM EXPENDITURES FY '85

|                                     |                     |
|-------------------------------------|---------------------|
| HOMEMAKER                           | \$55,498,800        |
| PERSONAL CARE                       | 2,051,000           |
| CHORE                               | 1,089,900           |
| TRANSPORTATION                      | 1,871,100           |
| ADMINISTRATION                      | 11,661,300          |
| CASE MANAGEMENT &<br>DIRECT SERVICE | 13,093,200          |
| HOME DELIVERED MEALS                | 3,720,600           |
| CHANNELING                          | 508,300             |
| MEDICAID WAIVER                     | 283,500             |
| ADULT SOCIAL DAY CARE               | 99,000              |
| OTHER HOME CARE SERVICES            | 123,300             |
| <b>TOTAL</b>                        | <b>\$90,000,000</b> |

Respite services may include companions, homemaker/personal care, home health aide, nursing services, day care, day health care, foster care and short term institutional care. The type of care provided is determined by the needs of the frail elder and their families. Case managers and families choose the most appropriate service.

### Integration

Elders returning home from a hospital or remaining at home with chronic health conditions need close coordination of health and social services. EOEA has developed several initiatives to foster integration and coordination of these previously separate service systems.

Eight pilot projects have been approved which integrate the assessment and service coordination functions of home care corporations and certified home health agencies. These projects are jointly funded by EOEA and the state's Medicaid program on a capitation basis and they serve frail elders who would otherwise be eligible for admission to a nursing home.

Other projects have been initiated by the home care corporations which build closer ties between the home care program, home health agencies and hospitals. Pro-



Respite services from Somerville-Cambridge HCC supports caregivers who provide daily care for frail elders. The service is directed toward families caring for people with Alzheimer's Disease or other conditions requiring daily care.





Mary Principle, R.N. from the VNA of Worcester and Roy Shay, case manager from Elder Services of Worcester complete a joint assessment under the community Care connection program. Nurses and case managers work as a team to develop service plans with clients to combine appropriate health and social services.

grams which integrate home care services with health maintenance organizations (HMOs) are planned for the coming year.

### ***Serving Elders at Risk***

An effective community care system must devise procedures that identify elders who are at greatest risk of placement in a nursing home. Massachusetts measures the client's ability to perform activities of daily living, the instrumental activities of daily living, and the cognitive and emotional status of the client. Those who have higher levels of impairment receive the highest priority for services.

A successful community care program must also establish the right mix and availability of services. Demonstration programs and programs in other states highlight the importance of personal care in helping elders stay at home. In 1985 personal care became a valuable service to help frail elders remain independent, par-

ticularly those who were not eligible for Medicaid. The program provided personal care to clients during the year and this new service is expected to grow substantially in the coming year.

Our experience also highlights the need to offer services on nights, weekends and holidays. Frail elders don't lose their need for help after five o'clock and steps were taken to expand the availability of services after regular business hours.

The revised assessment tool, the eight pilot Community Care Connection projects and the Medicaid Home and Community Based Waiver program have improved our ability to identify elders who are at greatest risk of entering a nursing home. Both Medicaid Projects require that clients meet the criteria for placement in a nursing home to participate in the program. The screening and determination is made by the nursing home pre-admission screening program operated by the Medicaid program.

The eight Community Care Connection programs will serve an estimated 1,000 frail elders in the first full year, and a total of 3,300 frail elders are expected to participate in the waiver program. Both programs will enable the state to receive federal reimbursement through Medicaid for community services provided to frail elders.



Carol Crossman, Case Manager; Susan Shwom, Director of Services; and Personal Care Nurses Marilyn Houston and Kathleen Scomis, all from Merrimack Valley Elder Services, review a service plan. Home care corporation nurses work closely with other staff to supervise personal care clients.





Marie Morgan listens as her case manager, Anne Kennedy, talks about the schedule for home care services.

### Alternative To Nursing Homes

Improvements in the past two years have increased our ability to offer community care as an alternative to nursing home placement. An estimated 30% of current home care clients meet the criteria to be placed in a nursing home. We estimate that 16% or 7,000 clients, have impairments serious enough to actually require placement in the absence of the home care program. To increase the number of nursing home beds to meet this need would cost \$70-75 million in additional Medicaid expenditures if these placements were made.

Our estimates are supported by studies done by the U.S. Health Care Financing Administration which concluded that well targeted community care program can reduce the prevalence of nursing home use by 15-20%.

While our program works, further steps are being planned to improve even further our ability to work with doctors, hospitals, families and elders to offer an alternative to placement in a nursing home.

### Future Directions

The home care program will continue to experience change and growth. Medicare's new prospective payment system (DRGs) will place added demands on the program to meet the needs of elders who will return home with more intense service needs than under the previous payment systems. The home care program will have to continue its fine service to elders with chronic health conditions or long term impairments. It must also develop a capacity to respond quickly to elders with shorter term needs that accompany recuperation from acute illnesses.

The directions taken during the past two years will place us in a better position to respond successfully to the challenges that lie ahead.



The Montachusets Home Care Corporation and Burbank Hospital have established discharge planning and emergency room liaison programs. From left to right: Andrea Cordwell, Supervisor of Discharge Planning at Burbank; Cheryl Boissy, MHCC Case Manager who serves as the liaison to the Emergency Room Crisis Intervention Program; Peter Silvia, MHCC case manager who attends discharge planning meeting at Burbank; and Priscilla Remal, R.N. who supervises the geriatric crisis team in the hospital's emergency room. The ER liaison program develops community care plans for elders who do not require hospital admission.



## SPECIAL REPORTS

### *Governor's Special Committee on Alzheimer's Disease*

In August, 1984 the state legislature passed legislation filed by the Executive Office of Elder Affairs creating the Governor's Special Committee on Alzheimer's Disease. The sixty-eight-member Committee was chaired by Lewis H. Weinstein. Committee members included family members, experts from the health and social service field, and advocates.

Representatives from the state Executive and Legislative branches included Secretary Rowland; Secretary of Human Services Philip Johnston; House Ways and Means Chairman Richard Voke; Senate Health Committee Chairman Ed Burke, Human Service and Elder Affairs Committee Chairmen Senator Jack Backman and Representative Joseph DeNucci.

The Committee was staffed by six members of the Elder Affairs staff directed by Sheila Clemon-Karp, Secretary Rowland's Special Assistant.

### *Hearings*

Two hearings were held by the Committee, one in Boston and another in Western Massachusetts, to hear testimony from family members and friends of affected persons, health professionals, insurance executives, state officials, nursing home staff and social service providers. The poignant testimony of family members, in particular, led to many Committee recommendations aimed at easing their burden.

Eight working subcommittee of the Committee developed reports on families, community-based services, institutional care, current programs, education, research and education, legal services and insurance and finance. The full committee adopted recommendations based upon the work of the subcommittees and the executive board.



Governor Dukakis accepts the recommendations of the Special Committee on Alzheimer's Disease as Ways and Means Chairman Richard Voke and Secretary Rowland look on.

The final report, submitted to Governor Dukakis and the Legislature in July, 1985 includes 22 recommendations covering the following areas: budgetary support, administrative, legislative, and private sector changes.

### *Respite Care Funded*

Implementation of the report began immediately. The report recommended the approval of \$2 million for respite services and the legislature increased the Executive Office of Elder Affairs Budget by \$2 million to develop respite services for families of Alzheimer's Disease. The FY 86 budget also included funds for a special 15 bed Alzheimer's Unit at Cushing Hospital.

The report called for the establishment of an Office of Alzheimer's Information staffed by three people and a budget of \$85,000. While funding is not yet available, Secretary Rowland has created the position of Director of Alzheimer's Information and Services to begin addressing needs raised in the report. The Director will oversee implementation of the report's recommendations, many of which call for action by other branches of government and the private sector.

## **Long Term Care Work Group**

The Long Term Care Work Group issued its final report in the Spring of the year. The Work Group, consisting of representatives from state agencies, public associations, provider and advocacy groups, addressed the need to improve coordination and expand services in the community care side of the long term care system. The Work Group will continue to address the ties between the community and institutional systems in the coming year.

The report included 58 recommendations that addressed the organization and delivery of community services, expanded coverage, greater service availability, housing and manpower issues.

## **Integration Encouraged**

Among the major recommendations were the development of formal arrangements between home care corporations and home health agencies to conduct joint assessments of clients; and increase in the availability of services on nights, holidays and weekends; expanded eligibility for foster care; new programs for people with Alzheimer's Disease; and broader coverage under Medicare for long term care services.

The report also recommended that HMOs develop better arrangements to meet the long term care needs of older people who join HMOs. Additional insurance for long term care services was also recommended.

The Work Group felt the organization of long term care systems at the state and local levels required further work. They highlighted the need to develop a methodology that links the supply of community services to the need for nursing home beds.

The Group supported passage of a bond authorization to increase the supply of elderly housing, especially congregate housing, an expansion of support services through the Executive Office of Communities and Development and more demonstration programs to test new models for integrating health and social services needed by frail elders in public housing.

The Work Group will be continued in the next year to monitor implementation of its recommendations and to address the institutional aspects of long term care and their relationship to community services.



## PROTECTIVE SERVICES

The Elder Protective Services, an important effort of the Executive Office of Elder Affairs, provides social, health, and legal services to abused and neglected elders age 60 and over. Elder abuse is "an act or omission which results in serious physical or emotional injury to an elderly person".

During FY '85, 1017 of the 1817 reports of abuse were opened for services. Abuse included physical battering, deprivation of necessities and emotional harassment.

The Elder Protective Services Program has four major components:

- program monitoring/development staff;
- protective services agencies;
- an elder abuse hotline;
- guardianship agencies.

### Organization

The Protective Services staff consists of a program manager, five regional supervisors and a program specialist. Regional Supervisors monitor and evaluate the provision of protective services and provide training and consultation to the designated local protective service agencies. The program specialist coordinates the hotline and guardianship contracts.

Twenty-six Home Care Corporation and one community mental health center have been designated as protective services agencies. Protective Services case workers assess reports of abuse and provide or arrange services to abused elders. Their work, often difficult and stressful, requires an understanding of the dynamics of abuse, human needs, and available resources.

Agencies, in addition to casework, provide homemaker, chore, transportation, nutrition and other services to abused elders depending on their needs. About 30% of abused clients receive services in addition to casework. Reports of abuse rose 19% in FY '85 and the number of cases receiving services rose 13%.

Certain professionals—nurse, doctors, social workers, psychologists, and other—are required by law to report elder abuse. Other members of the community—friends, family, neighbors—also report abuse. To receive reports, the Elder Abuse Hotline operates 24 hours per day. The hotline receives reports from both mandated reporters and the general public. Emergency reports are referred to protective services agencies or EOEA staff on call to provide immediate response when necessary.

### Emergency Coverage

The Protective Service Program has provided 24 hour emergency protective services since the beginning of the program. This coverage was expanded this year with the placing of caseworkers on call 24 hours per day. Emergency coverage was also strengthened with the funding of emergency in-home care, shelter, transportation and related services on nights and weekends.

Elder Protection Services is available to abuse and neglected elders in all cities and towns of Massachusetts. Future plans for program development include the expansion of the guardianship program, development and special program for elders at risk, and the continued improvement of 24 hour coverage.



## CONGREGATE HOUSING

Congregate housing offers a living environment for elders who are functionally limited or lonely but do not require the supervision or health care provided in an institution. This housing alternative offers elders their private bedroom and shared living room, kitchen and dining facilities. Bathrooms may be shared or private depending upon the individual model.

This shared living environment helps elders maintain an independent life-style, with supportive services when necessary, for people who prefer not to live alone.

Congregate housing is neither a nursing home nor a medical care facility. It does not offer continuous supervision. Services are available to help residents manage the daily activities of independent living. These services are provided by the existing community social service and health agencies.

Congregate housing meets the basic shelter and service needs of elders, assists elders in maintaining their independent life-style, provides a viable residential option between total independent and institutional living environments and offsets the loneliness so often experienced by elders.

This innovative program began in 1978. Currently, there are 200 state subsidized congregate units in 14 communities. Forty-seven units are now under construction in 5 communities.

### *Expansion Underway*

In 1984, a \$66 million bond authorized 1,500 new units of elderly housing. The bond has funded an additional 589 units of congregate housing in 41 communities which are now "in the pipeline." When construction is completed, a total of 836 units will be available.

A successful congregate housing program requires the coordinated involvement of state and local agencies. On the state level, the Executive Office of Communities and Development funds the construction



Residents of a congregate housing unit in Fitchburg enjoy their regular card game. The residents share kitchen, dining and living rooms while each has a private bedroom and bath in this expanding alternative housing model.

costs. Home care services and the congregate housing coordinator are funded by the Executive Office of Elder Affairs. The health services received by Medicaid eligible residents are reimbursed by the Department of Public Welfare.

A successful program means that Housing Authorities, Area Agencies on Aging/Home Care Corporations, Home Health Agencies or Visiting Nurse Associations, Councils on Aging, Mental Health Centers, and other agencies must work together. The Congregate Housing Coordinator is a key ingredient in the process. The coordinator is responsible for tenant assessment and outreach and involving local agencies to develop and integrate the services residents may require.

The Executive Office of Elder Affairs provides training and technical assistance to Housing Authorities, Home Care Corporations, Councils on Aging, and elder health and service providers. In addition, following the spring 1985 session of the Elder Advocate District Meetings, seniors are now able to help in the planning of congregate housing in their communities.



## COUNCILS ON AGING

Councils on Aging in 339 communities are the primary municipal agency for serving over 300,000 elders across the state. The Commonwealth provided \$2.0 million in state funds to support information and referral, recreation and fitness programs, meals, telephone reassurance, friendly visiting, health screening, respite care and intergenerational activities provided through Councils on Aging in 1985.

Funds are made available through formula and discretionary grants. The 1985 funding, a 25% increase over the previous year, allowed the Executive Office to increase its per capita allocation from \$1.00 to \$1.45 per elder in each community. A total of \$575,000 was awarded to 105 Councils in discretionary funds. Awards were made for improvements to senior centers, regional transportation services and staffing.

### *Social Day Care*

Twelve communities received nearly \$150,000 to initiate social day care programs. This new program helps prevent the isolation and loneliness that often accompanies aging and functional impairment.



The adult social day care program in Salem offers elders a full schedule of activities that promote independence and socialization.



Transportation is a vital service offered by Councils on Aging.

The program enables seniors to continue participating in senior center activities.

Two additional full time staff members at the Executive Office helped increase the technical assistance and training that was utilized by 170 Councils on network relationships, fund raising, training for board members, advocacy, program development and management. Each Council is governed by a volunteer board appointed by local officials.

The Councils on Aging combine \$10 million in local appropriations, \$5.5 million in volunteer resources with the \$2.0 million in state funding to deliver a valuable "grass roots" service to the residents of their communities.



Senior centers offer multiple programs and activities for seniors.



## LONG TERM CARE OMBUDSMAN PROGRAM

The State Long Term Care Ombudsman Program oversees the twenty-seven Local Ombudsman Programs statewide, which are funded either directly or through contract by the Area Agencies on Aging. Two hundred seventy volunteers, Senior Aides, Elder Service Corps Workers and Program Directors operate the program. The majority of these workers are over sixty-five years old.

The Ombudspeople visit 75% of the Nursing and Rest Homes weekly and assist residents with any concerns or problems which might arise. In Fiscal Year 1985, this program made over one-half million resident contacts and resolved 3,600 complaints and problems. The Secretary of Elder Affairs and the statewide program have set a goal of 100% coverage of all the homes in the next year.

### **Quality of Care**

The State Long Term Care Ombudsman Program was established in 1973 by the Executive Office of Elder Affairs to protect the rights of long term care residents and to improve the quality of nursing home care. Massachusetts was one of the first six federal demonstration projects of the Administration on Aging established for this purpose. In 1983 the passage of state legislation guaranteed the program access to all 780 Nursing and Rest Homes in the Commonwealth.

The Ombudsman Program has addressed such serious issues as institutional abuse and neglect, patients' rights and patient care. Nearly all the complaints and problems were resolved within the facility. The program has taken a very active role in identifying and reporting institutional abuse and neglect, while also informing staff, families, and residents of the protections as well as the responsibilities under the institutionalized abuse reporting law. In Fiscal Year 1985, the program initiated complaints to

the Department of Public Health which resulted in serious patient neglect findings and the de-certification or de-licensure of four facilities.

The Ombudsman Program is charged by statute to be an advocate for the institutionalized elderly. The program represented the needs of the institutionalized on the Governor's Special Committee on Alzheimer's Disease, the Board of Registration of Nursing Home Administrators, the Public Health Council, the Long Term Care Advisory Committee to Public Health, and the Long Term Care Work Group.

Initiatives for Fiscal 1986 include a series of Public Hearings on the Quality of Care in Nursing and Rest Homes, production of a video tape explaining the services of nursing homes, public education on resident abuse, increasing the ombudsman coverage and eliminating Medicaid discrimination.

The Ombudsman Program truly embodies the philosophies of the Executive Office of Elder Affairs: Elders, Helping Elders and Promoting Elder Independence, while at the same time, providing quality services in a cost efficient manner.



Volunteers from the Ombudsman Program gather with the Secretary at the annual luncheon honoring the valuable contributions made by volunteers to nursing home residents.



## ADULT FOSTER CARE

Since 1978, Adult Foster Care, also called Family Care, has been a growing, viable alternative for elders at risk of institutionalization. It provides shelter and personal care for elders by matching their needs with individuals in the community who provide personal care.

Today, eleven Adult Foster Care programs serve over 170 elders who are living with individual caregivers in the community rather than an institution.

Adult Foster Care isn't just arranging for an elder to live with a family. It's much more. It involves assessing individual needs, recruiting families, matching elders with families, monitoring placements, and offering support to the elder and the caregiver. The process is designed with the elder's needs, safety and interests foremost in mind.

The benefits derived from the program are multiple. For the elder, it's another option for shelter and services, it's less cost-



Foster care gives elders an alternative living and service environment that benefits both the caregivers and elders.

ly than institutional placement and it provides both the support of a home environment and the opportunity to contribute to a family.

For the caregiver, it's a chance to provide an important service, and it facilitates intergenerational learning. The support structure provided through the program gives caregivers relief from the responsibilities via respite care.

For relatives, the program recognizes that it isn't always possible to care for one's aging parent or relative.

For FY85, funds were allocated to establish a new program, to expand an existing program, and to conduct an assessment of all program operations. The new program, which is based in Brockton through Old Colony Elder Services, serves elders in Plymouth County. Holyoke/Chicopee Elder Services received funds to expand their service area to include Springfield.

The Executive Office of Elder Affairs provides start-up funds while programs become operational and the Medicaid Program pays a daily rate for each eligible client who participates. Some elders participate as private pay clients.

Medicaid reimburses agencies for administrative and service costs. Caregiving families receive \$17.50 per day. Medicaid pays \$9.50 per day for personal care and the participant pays \$8.00 a day for room and board.

The evaluation of the eleven programs will help us strengthen and expand the program in the coming year. Massachusetts recognizes that foster care meets both the shelter and service needs of elders to promote independence and quality of life. Our program will continue to meet these multiple goals.



## NUTRITION SERVICES

Combining state, federal and local funds and donations, Massachusetts served 6.6 million meals at a cost of \$22.9 million in FY '85. The meals program operates at 366 congregate sites. Meals are also delivered to the homes of impaired elders to help them remain in their homes.

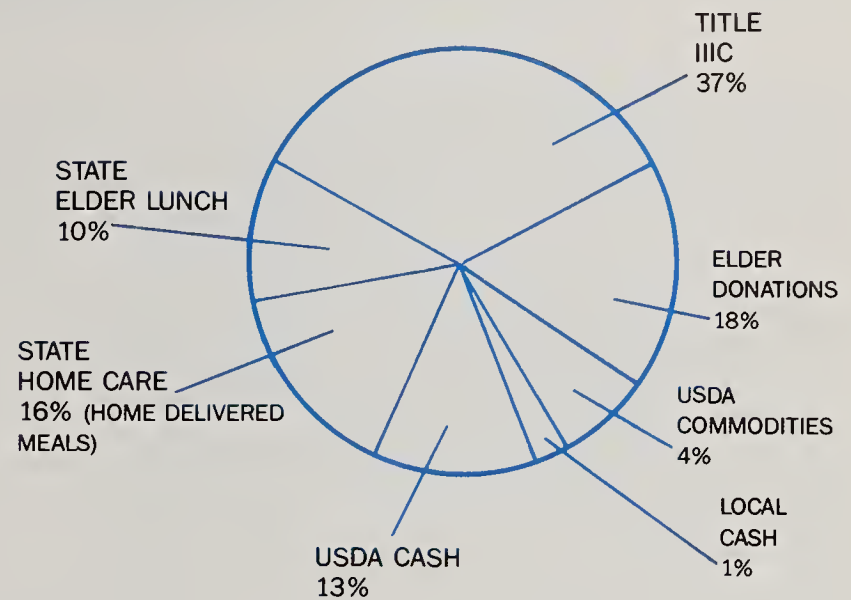
Funding for the nutrition program included \$8.4 million from the Older Americans Act; \$2.2 million from the state funded elder lunch program; \$3.6 million from the state funded home care program; \$4.1 million in donations from elders themselves; \$3.8 million in USDA cash and commodities and \$300,000 from local governments.

### Shift Continues

While the annual number of meals continues to increase, the proportion of congregate to home delivered meals continues to shift toward home delivered meals. In 1980, 69% of the meals were served at congregate meals sites and 31% were home delivered. In 1985, congregate meals totalled 52% of all meals served, while 48% were home delivered.



Nutrition programs served over 6.6 million meals in 1985



### EXPENDITURES BY SOURCE OF FUNDS, FY '85:

|                            |                     |
|----------------------------|---------------------|
| TITLE IIIC                 | \$ 8,385,878        |
| STATE ELDER LUNCH          | 2,204,200           |
| STATE HOME CARE H.D. MEALS | 3,610,102           |
| ELDER DONATIONS            | 4,137,101           |
| USDA CASH                  | 2,995,401           |
| USDA COMMODITIES           | 800,000             |
| LOCAL CASH                 | 317,166             |
| <b>TOTAL</b>               | <b>\$22,449,848</b> |

The Executive Office of Elder Affairs allocates state and federal funds to meals program and monitors compliance with federal and state standards and regulations concerning nutrient adequacy, administrative and fiscal practices. The agency also coordinates nutrition education activities throughout the state.

The agency held a seminar on the "Nutrition and Health Education of Older Adults at Home" in response to the continuing shift toward home delivered meals. The curriculum included presentations on nutrition for wellness, healthy meals and snacks, eating and cooking with ease, flexercises, and food safety. Nutrition staff throughout the state were trained to inform elders at home how to eat and exercise properly.

## HEALTH ADVOCACY

### SHINE PROGRAM

Elders across the state worry about health insurance and its cost. Many elders are confused by the changing complexity of Medicare, Medigap coverage and recently a new health option—Health Maintenance Organizations. As Medicare comes under continued attack, threatened by benefit reductions and increased deductibles and co-payments, elders should know about the implications of these changes to make careful decisions about their health insurance options.

The Executive Office of Elder Affairs has developed the SHINE program, or "Serving Health Information Needs of Elders." The SHINE program is developing a network of community based trained and certified health benefits counselors. The Executive Office of Elder Affairs works with groups of



SHINE counselors in Middleboro learning about medicare and medigap coverage during their intensive week long training program.



SHINE counselors are available in the pilot areas to help elders examine the benefits of HMOs and how they differ from regular medicare coverage.

Councils on Aging to recruit volunteers to be SHINE counselors. The Executive Office of Elder Affairs has developed a training course for elders selected to become SHINE counselors. Elders attend an intensive one week training course covering topics such as Medicare, Medicaid, Medigap insurance, and HMOs. Speakers from the Health Care Financing Administration (HCFA), Social Security Administration, Medicaid, and the Area Agency on Aging/Home Care Corporation provide their expertise as part of the training.

SHINE counselors, primarily elders themselves, are located at Councils on Aging and they are available for a minimum of 12 hours per week for individual counseling and group presentations on health care issues.

The SHINE program is being tested in three pilot sites before it is expanded across the state. The first training of 9 counselors from Andover, Lawrence, North Andover and Methuen was completed the week of June 17th. SHINE training in 15 communities in the Middleboro and Cape Cod area was held in the Fall.



## HEALTH MAINTENANCE ORGANIZATIONS

Health Maintenance Organizations (HMOs) offer Medicare beneficiaries broader coverage, lower premiums and lower out-of-pocket expenses for quality health care. The experience of seniors in five demonstration programs has led Governor Dukakis to promote HMOs for elders looking for an alternative to their current coverage and health care arrangements.

Massachusetts is served by 24 HMOs across the state. A majority of the HMOs intend to seek Medicare risk contracts to serve seniors. By the middle of the year, 11 had signed contracts and enrolled 30,000 seniors. By the end of the year, 14 HMOs are expected to serve seniors.

The Governor joined with HMOs to set a goal of enrolling 125,000 Medicare

beneficiaries by the end of 1987. To help achieve the goal, the Executive Office has developed a series of programs to help elders determine whether an HMO meets their health care needs and how to choose from among the competing HMOs.

A benefit comparison guide has been developed which compares HMO services and costs to Medicare and Medicare supplemental coverage and costs. The guide also compares the benefits and premiums offered by the HMOs serving elders.

Seminars, group presentations, and panels of HMO representatives have been offered to present the HMO option to interested elders. Agency staff are also available to work with companies to present the HMO option to their retirees.

### WHAT TO LEARN ABOUT HMOs BEFORE YOU JOIN

- What is the nearest HMO location?
- What hospital(s), nursing homes and physician specialists are affiliated with the HMO.
- Is your current doctor already affiliated with the HMO?
- Does the HMO provide 24 hour care and where do you have to go?
- How does the HMO meet members' pharmaceutical needs?
- Are appointments limited to certain times of the day?
- What is open enrollment period, is there a waiting period, and how are conversions from regular medicare coverage handled?
- How often do the premiums change?
- Does the HMO require any copayments and for what services? Quality Issues
- How many doctors practice at the HMO?
- What is the doctor turnover rate?
- How many doctors are there at the site you'll be receiving care?
- Do doctors make house calls? Are physician assistants or nurse practitioners available?
- How do you change doctors in an HMO?
- How long does it take to get an appointment?
- What is the disenrollment rate?
- How does the HMO handle complaints?
- What is the process for getting emergency care? Who decides if it's an emergency?
- Can you get care when you travel out of the area?

#### **Cost Issues**

- What are the HMO Premiums and how do they compare with Medicare and supplemental premiums?



## KEEP MOVING

There's a new group of athletes in Massachusetts who are members of the "Keep Moving" Program. "Keep Moving" is a statewide network of Walking Clubs and the annual "Governor's Cup" which promote exercise and fitness for older adults.

The Governor's Cup is awarded to winners of an annual five mile masters road race and a three mile competitive walk. The event also includes a one mile fun walk which offers hundreds of seniors exposure to the exercise and social components of the program.



Governor Dukakis launches the "Keep Moving Program" at a May press conference.

In its first four months, the program established over 125 walking clubs, trained 175 club leaders and enrolled over 2,000 club members. Walking Clubs have been established by local Councils On Aging, Senior Centers, YMCAs, and local recreation departments.

The "Keep Moving" program is funded by Nabisco Brands Inc., Blue Cross/Blue Shield of Massachusetts, and the Rockport Company. Additional grants have been received from Raytheon Company and the Boston Globe Foundation.

Walking Club leaders are certified by the Executive Office of Elder Affairs following completion of a training program developed by the program's medical advisory board.

Leaders are trained to organize and run local walking clubs that will encourage elders to make walking part of their daily lifestyle.



Melanie McKinley from Nabisco presents Ruth Rothfarb with a special award honoring her commitment to fitness after she completed the five mile run at age 84.

Club members receive a certificate of membership, medallions denoting distances walked, a passbook to record their mileage, and a training manual to help guide the development of their personal walking program.

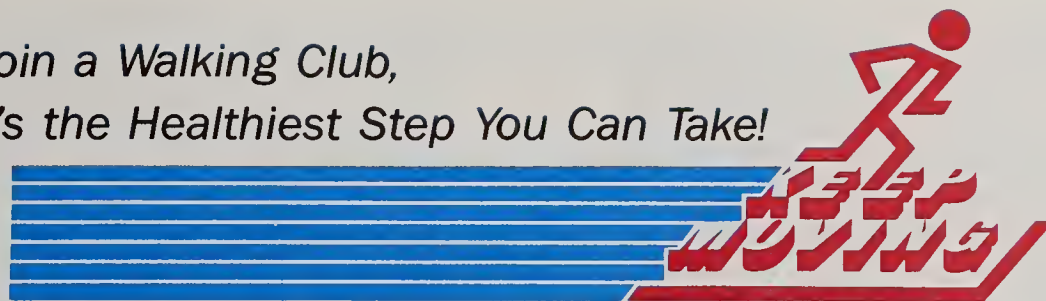
Former Bruins star Bobby Orr and famed Boston marathoner Johnny Kelley serve as the honorary co-chairmen of the program. Both have contributed their time and enthusiasm to launch the program.



Tom Ellis, WNEV-TV, signs autographs after walking with seniors.



*Join a Walking Club,  
It's the Healthiest Step You Can Take!*



Getting Ready! Participants prepare for the competition.



Walking club members on Martha's Vineyard.



Johnny Kelley chats with Governor Dukakis about the "Keep Moving" program.



The Governor joins the Upton Walking Club on one of their regular walks.



Let's go!

The program also enjoys the support of the Governor's Committee on Physical Fitness and Sports chaired by Dr. Rob Roy McGregor. The medical advisory board is chaired by Dr. Howard L. Hartley, Brigham and Women's Hospital and William J. Evans, Ph.D. of the Tufts Research Center on Aging.

Join us at the next Governor's Cup and start training now with the Walking Club in your community.



## MASSACHUSETTS ELDER ADVOCATES



Secretary Rowland poses with Elder Advocates at a regional session.

The 1984 Fall and 1985 Spring ELDER ADVOCATES training programs trained over 500 elders in advocacy techniques who are ready to inform their peers about the latest issues affecting the elderly.

At five regional sites across the Commonwealth, elders participated in instructive workshops and presentation which enhanced their skills as MASSACHUSETTS ELDER ADVOCATES.

At each of the five sites, Secretary of Elder Affairs Richard H. Rowland awarded certificates and badges to elders successfully completing the workshop training sessions. "I know you are going to take this useful information back to your communities so your peers can benefit from your knowledge," Secretary Rowland said. "I hope you also encourage other elders to take part in this important and informative program when it returns in the fall."

Secretary Rowland noted that knowledge is one of three sources of power. The other sources of power are people and money, he explained. "Elders may not have much money, so our sources of power are people and knowledge."

"With the specialized knowledge you gain on consumer, health, legislation and other issues," Secretary Rowland told the ELDER

ADVOCATES, "you are more effective in giving advice to and counseling with your peers with the most up-to-the-minute information."

Each MASSACHUSETTS ELDER ADVOCATES session included a Long Term Care Ombudsman Program presentation on patient's rights.



Also included in the program was a legislative update and a discussion of successful advocacy techniques. Sheila Clemon-Karp, Special Assistant to Secretary Rowland and the ELDER ADVOCATES training session Director, explained that advocating for better services for seniors is not a selfish act. "You are not advocating only for yourself. You are advocating for your children and grandchildren. For example, proposals to cut the Social Security Cost of Living Adjustment (COLA) will not only undo our retirement, but also the next generation's retirement. You are really advocating for young people."

Eva Hester, EOEA Legislative Liaison said, "As elders, you have great potential power."



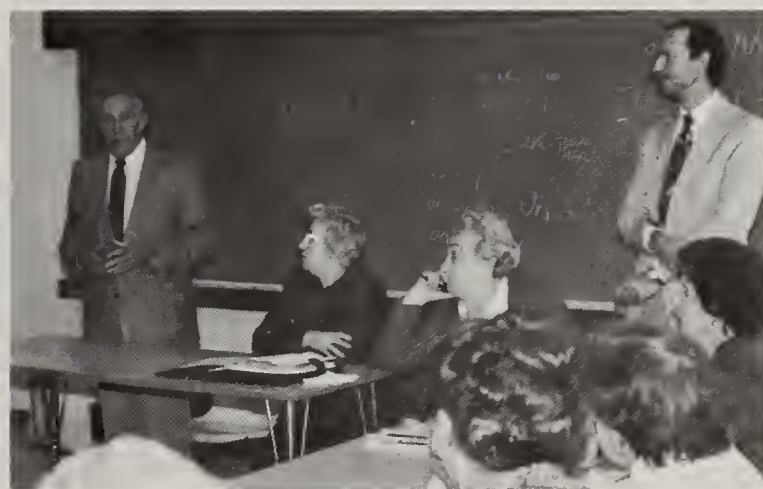


Elder advocates discuss current issues with experts from across the aging spectrum.

The goal of the MASSACHUSETTS ELDER ADVOCATES program—elders helping elders to maintain independence—is rapidly being attained as the number of graduates increases above the 500 mark. Secretary Rowland said, “The program is vitally important because as you look to our aging demographics, we can see that we are going to need elders helping elders today and in the future. Elders bring a wealth of talents, abilities and enthusiasm to the effort.”



Secretary Rowland awards a certificate to an elder advocate completing the training session.



Lobbying on the local level is the topic of this session.





## EMPLOYMENT

In the past year, **Elderwork**, the employment and training network for older workers, expanded operations to cover the state through Area Agencies on Aging, Home Care Corporations and programs funded through the Job Training Partnership Act. **Elderwork** offers counseling, training, job development and placement services to people over 55 seeking to re-enter the job market.

Through JTPA 3% set aside for older worker projects, seven contracts were approved which served 1,387 older workers. These programs will continue operations in fiscal 1986. Contracts will be sought throughout the state in the next year to expand the services available under JTPA.

The most extensive project is administered by Operation ABLE which has established a referral and placement network throughout the eastern portion of Massachusetts.

**The Elderwork** mechanism allows the Executive Office of Elder Affairs to coordinate the involvement of the aging system in the range of employment and training activities for older workers. Training seminars were conducted at several locations to establish coordination among JTPA agencies, the Division of Employment Security, locally initiated programs and the Executive Office of Elder Affairs.

**Elderwork** staff have established a resource library with fifty references that are available to job counselors, in addition to the technical and informational material which have been distributed during the past year.



Older workers completing a training course in the Bay Path program.

## SENIOR AIDES

The Senior Aides program provides part time employment to over 1500 older workers in Massachusetts. The program is funded under Title V of the Older Americans Act. Federal funds are awarded to the Executive Office and other community based organizations in Massachusetts to establish part time jobs in social service agencies.

During the year the Executive Office of Elder Affairs placed 325 workers over age 55 in part time jobs providing direct services to low income older persons. Senior aides work as companions, information and referral workers, and several other important positions.



## ELDER SERVICE CORPS

An active volunteer network offers thousands of hours of service to elders across Massachusetts. The Elder Service Corps provides stipends to elders over 60 who work 18 hours a week in community agencies. Last year, 547 Corps members worked in 132 agencies as companions, ombudsmen, and friendly visitors. They also provided telephone reassurance and transportation, delivered meals, and they worked in day care centers, respite care and adult education programs to serve other elders in their communities.



Jessie Salvucci offers companionship as an elder service corps member through the Ronnie Smith Senior Center in Allston/Brighton.

## LEGAL SERVICES

The Legal Services Development program provides legal support for the Ombudsman program, the Protective Services program, Elder Law Projects and Area Agency on Aging activities. Twenty-five percent of the 282 legal problems handled by the Office dealt with the rights and benefits of residents of nursing homes and rest homes.

The program coordinated training and consultation services with Massachusetts Continuing Legal Education, Inc. to sponsor training in Estate and Financial Planning.

These sessions were also attended by over 175 private attorneys who provide **probono** services to elders through the Elder Law Projects. Legal Training was also provided for Ombudsman supervisors, protective service workers, and elder community groups throughout the Commonwealth.

Legal Services Program evaluation, contract negotiations compliance with regulations and regulation development activities were also completed during the year.

## THIRD ANNUAL GOVERNOR'S CONFERENCE: "ELDER



Governor Dukakis addresses conference participants.

The Third Annual Governor's Conference on Aging, sponsored by the Executive Office of Elder Affairs, attracted over 1,500 seniors, businesspersons, academics, and lawmakers in the daylong event to celebrate "Elder Independence: An American Dream."

Co-hosted by Boston University's Sargent College of Allied Health Professions with the Boston Commission on Affairs of the Elderly as cosponsor, the conference offered participants 22 workshops, 45 exhibits, and several speeches.

In his address, Governor Michael S. Dukakis addressed the conference theme: "To be healthy and to be able to make a contribution—those are the opportunities I want for myself as I grow older and I believe that is what you want as well," he said.

Exhibitors included 20 Health Maintenance Organizations (HMOs), seven cooperating organizations, three university research teams, nine employment and training organizations and six state, municipal and federal agencies.

The twenty-two morning workshops covered a wide range of issues from "Health Care Coverage and Cost Containment" to "The Impact of Aging on Minorities", to "Aging Around the World."



Secretary Rowland greets elders arriving at Boston University for the Governors Conference.

In the "Consumer Protection" workshop, Channel Five television consumer reporter Paula Lyons participated as a panelist in the early sessions, and Channel Seven consumer reporter Phyllis Eliasberg informed elder consumers of their rights in the later workshop session. The most well-attended workshop was "Wellness: Promoting and Maintaining Physical and Mental Health." The "Wellness" workshop became an inspiration to everyone attending the conference.

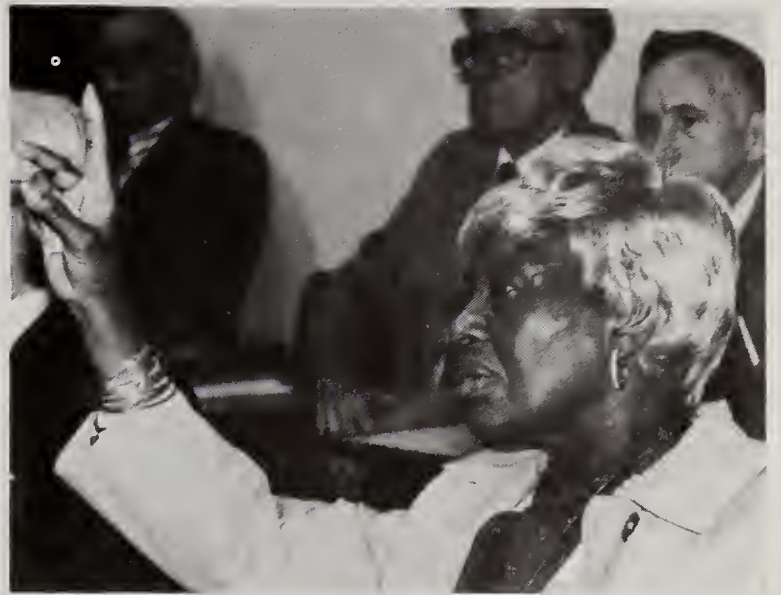
The luncheon session was highlighted by several stirring speeches which reiterated the conference theme of "Elder Independence: An American Dream." Governor Dukakis said, "Today's agenda of activities, workshops, training sessions and a host of speakers would leave me a little exhausted. But as I look out on you today, I see spirit and energy."

Governor Dukakis said Massachusetts is working hard to insure that seniors have the opportunity to find the best possible health care at the lowest cost and to be able to contribute productively to age 65 and beyond. To improve the quality of health care for older Americans, Governor Dukakis recently announced a goal of enrolling 125,000 seniors in Health Maintenance



## INDEPENDENCE AN AMERICAN DREAM™

Over 1,500 people attended workshops in 22 topic areas.



Organizations (HMOs) by 1987. "Quality health care at a lower cost—an unbeatable combination," Dukakis added.

Frank J. Manning, founder of the Massachusetts Association of Older Americans and Keynote speaker Jack Ossofsky, the Executive Director of the National Council on the Aging, also addressed the gathering.

Secretary of Elder Affairs Richard H. Rowland expressed pleasure with the enthusiastic turnout. "I'm very impressed with the number of people who are so concerned about elderly issues from across the state," he said. "The constantly increasing attendance at this annual conference demonstrates our ability to work together for the good of Massachusetts elders."



## CITIZEN ADVISORY COMMITTEE

Recognizing the "importance of regional participation in the state's elder activist network," Gov. Michael S. Dukakis swore in the newly appointed membership of the Citizen's Advisory Committee to the Executive Office of Elder Affairs.

"In addition to effectively advocating for elders throughout the Commonwealth, the committee brings essential regional concerns into the state policy forum," Dukakis said during the swearing in ceremony at the State House.

The 48-member committee meets quarterly in an advisory capacity with Secretary Richard H. Rowland of the Executive Office of Elder Affairs. The members of the committee serve an active role in the state's elder advocate network, effectively dealing with elder concerns and anticipating future concerns through informed policy discussions.

Among the Committee members who will be sworn in are Frank Manning, founder and President Emeritus of the Massachusetts Association of Older Americans and still President of Legislative Council for Older Americans; Myra Herrick, former Director, American Association of Retired Persons of New England; Elsie Frank, Chair of the Board of Directors of the Massachusetts Association of Older Americans; Freida Mulkern, Immediate Past President of Massachusetts Senior Action; Ed Cooper, President, Metropolitan Chapter, Caucus on Black Aged; and Nate Smith, Legislative Advocate, Gray Panthers.

Evelyn Greenman, former Brookline Council on Aging Director, has been re-elected as Chair of the Citizens Advisory Committee; Edward Simpson, American Association of Retired Persons Vice President, will continue to serve as Vice Chair, and Anthony Santos of New Bedford, President of Coastline Elder Services, will be Clerk of the Citizens Advisory Committee.

A full list of the committee members follows:

|                       |                |
|-----------------------|----------------|
| Hannah M. Averett     | Mashpee        |
| Kathryn Callahan      | Charlestown    |
| Thomas Cantone        | North Andover  |
| Dorothy Carter        | Dorchester     |
| Ada Charbonneau       | Nahant         |
| Kathryn B. Connors    | Lowell         |
| Terry Cournoyer       | Chicopee       |
| Wilhelmina M. Crosson | Boston         |
| Vincent DeCain        | Saugus         |
| Rebecca Dorson        | Revere         |
| Barbara Dwyer         | Arlington      |
| Elsie Frank           | Boston         |
| Ralph J. Froio        | Pittsfield     |
| Emily Gaykan          | Pocasset       |
| Ralph Giannette       | Stoneham       |
| Norma Walsh Gramer    | Boston         |
| Evelyn Greenman       | Brookline      |
| Willa Troy Halstead   | Worcester      |
| Edith E. Healy        | Charlestown    |
| Myra L. Herrick       | Beverly        |
| Jewell E. Hodges      | Springfield    |
| Bella Krovitz         | Holliston      |
| William C. Kvaraceus  | Sharon         |
| Lillian M. Lashua     | Hudson         |
| Daniel Madio          | Tewksbury      |
| Grace Maguire         | Dorchester     |
| Catherine M. Maney    | Jamaica Plain  |
| Frank Manning         | Boston         |
| Arethea Matthews      | Springfield    |
| Anna M. Hayes         | Worcester      |
| Richard M. McDowell   | Boston         |
| Sam Messina           | Roslindale     |
| Isadore Morantz       | Brookline      |
| Ruth C. Moy           | Boston         |
| Freida Mulkern        | Everett        |
| Ethel S. O'Brien      | Assonet        |
| Edward Prentiss       | West Upton     |
| Connie Replenski      | Indian Orchard |
| Solomon Rosenbaum     | Fitchburg      |
| Anthony Santos        | New Bedford    |
| Phillip Shiff         | Swampscott     |
| Edward E. Simpson     | Squantum       |



|                    |               |
|--------------------|---------------|
| Nate Smith         | Jamaica Plain |
| Raymond Surprenant | Turners Falls |
| Ruth Tinsley       | Boston        |
| Ann Trumble        | Greenfield    |
| John Vieira        | South         |
|                    | Dartmouth     |
| Ann Wright         | Springfield   |

Life members are Mrs. Rose Baker, Gloucester; Edward L. Bernays, Cambridge; Edward L. Cooper, Sr., Roxbury; Ms. Esther Lyman, Melrose; and Roger Trask, Peabody.



Advisory Committee members from the Greater Boston area.



Members from Western Massachusetts



Members from North of Boston



Committee members from the City of Boston



Frank Manning and Elsie Frank, two of the state's leading advocates and members of the Advisory Committee.

## Governor's Cup Results 1985

### Five Mile Road Race

| Age Group      | Male             | Time  | Female            | Time  |
|----------------|------------------|-------|-------------------|-------|
| 75 and Over    | Johnny Kelley    | 36:55 | Ruth Rothfarb     | 59:47 |
|                | Tim Babcock      | 48:16 |                   |       |
| 70-74          | Arthur Ballou    | 36:19 | Louise Dow        | 40:58 |
|                | Frank Delear     | 37:38 |                   |       |
| 65-69          | Scotty Carter    | 31:45 | Florence Calaghan | 35:44 |
|                | Ted Kuhne        | 34:31 | Allene Liggett    | 58:54 |
| 60-64          | Sid Toabe        | 31:50 | Peggy Cade        | 48:10 |
|                | Carl Hammen      | 32:18 |                   |       |
| 55-59          | Lewis Smith      | 31:00 | Shirley Foley     | 36:45 |
|                | Don Ross         | 31:29 | Rosemary Phelan   | 45:16 |
| 50-54          | Paul Brokaw      | 28:08 | Berna Finley      | 36:59 |
|                | Ron Rief         | 28:59 | Jane Dewey        | 37:35 |
| 45-49          | Harold Hatch     | 26:31 | Judith McCarthy   | 35:24 |
|                | Frank Keane      | 26:44 | Irma Walat        | 37:55 |
| 40-44          | Paul McCarthy    | 27:05 | Patty Hewitt      | 33:52 |
|                | George Kasierski | 27:09 | Joyce Kate        | 38:10 |
| Overall Winner | John Boyle       | 25:36 | Mary Scherr       | 32:45 |

### Three Mile Competitive Walk

|                 |                   |       |                   |       |
|-----------------|-------------------|-------|-------------------|-------|
| 75 Over         | Fred Brown, Sr.   | 37:35 | Adelaide Higgins  | 44:54 |
|                 | George Conway     | 39:02 | Carol Nazzaro     | 45:17 |
| 70-74           | Anthony Mederos   | 33:07 | Mary Gorham       | 41:01 |
|                 | Wam Sum Tam       | 38:23 | Helene Holland    | 43:53 |
| 65-69           | Richard Ruquist   | 28:53 | Rose Kurpiel      | 36:12 |
|                 | Robert Mulliken   | 35:10 | Dorothy Amans     | 38:59 |
| 60-64           | Stuart Holden     | 35:24 | Lynn Hale         | 35:44 |
|                 | George Georgerian | 35:29 | Jennifer Thompson | 38:26 |
| 55-59           | Leo Simard        | 32:34 | Dibby Falconer    | 35:45 |
|                 | Frank Boucher     | 32:36 | Barbara Holden    | 37:27 |
| 50-54           | Gerald Riding     | 32:09 | Jean Doherty      | 38:56 |
|                 | Milton Rosenthal  | 38:00 | Ruth Veilleux     | 38:58 |
| 45-49           | Thomas Knatt      | 25:57 | Patricia Conway   | 34:14 |
|                 | Paul Schell       | 29:35 | Eileen DiBona     | 34:41 |
| 40-44           | Robert Falcicola  | 26:45 | Emily Hewitt      | 30:21 |
|                 | Charles Mansbach  | 30:09 | Fran Aroujo       | 35:02 |
| Overall Winners | Thomas Knatt      | 25:57 | Emily Hewitt      | 30:21 |





Governor Dukakis and his wife Kitty talk with people from the Greenfield Club.



Nabisco, one of the Keep Moving Program's sponsors, offered refreshments to participants after the event.



Wendell Coltin makes an award on behalf of Blue Cross-Blue Shield, a sponsor of the "Keep Moving" Program.



Rockport Company, also a "Keep Moving" sponsor, displays their walking shoes.



Secretary Rowland poses with club members from Burlington.



Along the way.



















